

DEVELOPING A COMPREHENSIVE RESPONSE

TO

CHILD SEXUAL ABUSE

A review of developmental activities over the past
year with recommendations for future action.

Interim Report

of

The Metropolitan Chairman's Special Committee on Child Abuse

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INTRODUCTION

This report was approved by the Metropolitan Chairman's Special Committee on Child Abuse on November 3, 1982. It has three purposes. First, it will attempt to synthesize the critical issues which emerged through the work of the Special Committee during the first year of its initial two-year mandate which expires at the end of September 1983. Second, it will highlight the developmental activities which occurred during that time. Finally, it will present an action plan for the coming year to support the continued implementation of an integrated response to the problem of child sexual abuse.

In November 1981, the Special Committee formally convened to consider its mandate to seek ways of reducing the general incidence of child abuse in Metropolitan Toronto. At that time, it was agreed that a Metro-wide project on sexual abuse would be developed and implemented as a focus for improving co-ordination of abuse services in general.

A number of developmental activities were initiated to provide direction and focus for eventual project implementation. These included an analysis of current legal responses to child sexual abuse; a review of policies and procedures within the education, public health and hospital systems; the development of an educational project for young children aimed at early detection and prevention; inter-disciplinary team visits to two training/treatment institutes in the United States; and the training of adult survivors of incest as volunteer speakers and sponsors. Each of the developmental activities assisted in further refinement of critical issues which, together, suggest a clear agenda for future action.

As efforts progressed throughout the past year, it became apparent that an integrated, co-ordinated response to child sexual abuse was not only desirable, but absolutely necessary, given the range of systems and services potentially involved and the existing lack of consensus regarding appropriate intervention. It is now time to move toward implementation of such an approach.

Child sexual abuse may be defined to include any direct or indirect sexual contact between a child and an adult. Since the overwhelming number of child sexual abusers are male (97%) and their victims female (90%), we have chosen to refer to female victims and male offenders in this report. In addition, because most child sexual abuse is committed by adults who are known to the child and acting in a care-giver capacity, much of the report focuses upon these situations.

The report is divided into six sections, each of which represents a key component in the spectrum of response necessary to ensure protection of children from sexual abuse. These are:

- . A Statement of Principles
- . Investigation/Protection/Prosecution
- . Treatment/Crisis Support
- . Detection/Prevention
- . Professional Training
- . The Future

A summary of recommendations, also approved by the Special Committee, follows. Relevant background materials are included as appendices.

SUMMARY OF RECOMMENDATIONS *

I. Developing a Comprehensive Response to Child Sexual Abuse: A Statement of Principles

To establish a common framework for the implementation of a comprehensive response to child sexual abuse in Metropolitan Toronto, it is recommended that the Special Committee:

1. Endorse the Statement of Principles.
2. Request Special Committee members to seek similar endorsement from their respective agencies or departments, at the earliest possible opportunity.

II. Investigation/Protection/Prosecution

To support and strengthen the collaborative intervention of the child welfare and criminal justice systems into the area of child sexual abuse, it is recommended that the Special Committee:

1. Release the background paper, "The Legal Response to Sexual Abuse of Children", for the information and reaction of appropriate bodies.
2. Invite the Children's Aid Societies, Police Department and Crown Attorney's Office to appoint appropriate representatives to participate in the drafting of an integrated protocol for handling cases involving child sexual abuse.
3. Request that the Children's Aid Societies, the Police Department and the Crown Attorney's Office designate specific personnel to become child sexual abuse specialists who, together, would implement and refine the integrated protocol following approval by the Special Committee.
4. Encourage other systems, including the Public Health Departments, Boards of Education, hospitals and treatment facilities, to designate child sexual abuse specialists to work co-operatively with Police, Children's Aid and Crown Attorney specialists to expand and refine the integrated protocol to support improved detection, reporting and treatment of child sexual abuse.
5. Re-constitute its legal advisory committee and request that it give further consideration to the proposed legislative changes recommended in the background paper, prior to formal submission to the appropriate Federal and Provincial authorities.

III. Treatment/Crisis Support

To support the development of adequate crisis and treatment services, it is recommended that the Special Committee:

1. Sponsor the development of crisis support groups, as described in the accompanying proposal (Appendix C), to be evaluated following six months of operation.

* Approved by the Special Committee on November 3, 1982.

2. Approach those treatment facilities or services which have formal or informal policies discouraging treatment of clients who are involved with the Children's Aid Society, the Police, or the Courts, with a view to encouraging them to accept clients who are before the Courts.
3. Sponsor a two-day training institute for practitioners who indicate a willingness to offer treatment to victims of child sexual abuse, adult offenders and/or their families, regardless of their involvement in legal proceedings. A list of participants could then be used for referral purposes.
4. Explore further ways through which adequate resources in the areas of treatment and crisis support can be developed in the future.

IV. Detection/Prevention

To encourage early detection and prevention of child sexual abuse, it is recommended that the Special Committee:

1. Support the implementation of the Preventive Educational Project for Children as proposed (Appendix D).
2. Approve the allocation of funds to cover the administrative and training costs of the Project.
3. Authorize the continued application for additional funds for the pilot project to other appropriate private and public institutions.
4. Authorize its staff, under the direction of the Steering Committee, to take whatever additional action is necessary to allow implementation during the 1982-83 school year.
5. Continue to explore additional methods of early detection and prevention of child sexual abuse.

V. Professional Training

To stimulate the development of expertise in the area of child sexual abuse and to support the implementation of all previous recommendations, it is recommended that the Special Committee:

1. Sponsor and co-ordinate the joint training of the designated child sexual abuse specialists as identified by the Children's Aid Societies, the Police Department and the Crown Attorney's Office. (Recommendation II (3)).
2. Provide initial and on-going training to the professionals and volunteers who will be involved in the proposed crisis support groups. (Recommendation III (1)).
3. Host a two-day training institute for treatment personnel as described in Recommendation III (3) above.
4. Co-ordinate the orientation/training sessions for teachers, parents and local professionals participating in the Preventive Education Project for Children. (Recommendation IV (1)).

5. Encourage all local and agency efforts to disseminate appropriate information about child sexual abuse and reporting requirements.
6. Respond, as possible, to additional requests for training, particularly from those systems responsible for detecting and treating child victims.
7. Continue to expand its roster of qualified speakers/trainers, supported by trained volunteers.
8. Continue to identify additional community and professional education needs to support improved detection, reporting, investigation and treatment of child sexual abuse.

VII. The Future

To ensure that the process of implementing an integrated response to child sexual abuse continues, it is recommended that the Special Committee:

1. Authorize its Chairman, Co-ordinator and Steering Committee to initiate whatever discussions and/or negotiations are necessary to ensure continuing progress after the official mandate of the Special Committee expires at the end of September 1983.
2. Request the above to develop a specific design of future initiatives for consideration by the Special Committee.

I. DEVELOPING A COMPREHENSIVE RESPONSE TO CHILD SEXUAL ABUSE :
A STATEMENT OF PRINCIPLES

The sexual abuse of children is a phenomenon which has only recently gained some measure of public and professional attention. With this attention have come both an increase in the number of reported cases and a recognition of the inadequacies of traditional methods of response.

Given the range of professionals who may be called into action upon disclosure of sexual abuse, it is critical that efforts be co-ordinated. During the past year, the Metropolitan Chairman's Special Committee on Child Abuse has provided an active forum through which relevant issues have been identified, debated and resolved in a collaborative attempt to develop a common understanding of and approach to the problem.

The following principles have emerged through these initial efforts and are designed to provide a framework for a comprehensive response to child sexual abuse. As such, they are not intended to restrict or limit efforts but rather to support attempts to implement a consistent and appropriate response, integrating the best which each responsible system has to offer.

Every situation involving child sexual abuse must be assessed individually to determine the best interests of the child involved. We believe that creative application of the following principles will help to guide us consistently toward that end.

1. Children reporting sexual abuse should be presumed to be telling the truth and bear no responsibility for their involvement, regardless of time or circumstances.

Reliable estimates suggest that one in four girls and one in ten boys will be sexually molested by an adult at some point in their childhood. Up to 80% of these children will know their molester and, half of the time, he will be their natural or substitute father. *

Translating the experiences of communities with considerable success in responding to this problem, it may be estimated that over 3,000 children are sexually abused each year in Metropolitan Toronto. Yet, in 1980, only 501 sexual offences involving children were reported to the Police, and the Children's Aid Societies forwarded only 75 verified cases of intra-familial child sexual abuse to the Provincial Child Abuse Registry.

* These general estimates are drawn from the results of five major surveys, conducted between 1940 and 1978 including C. Landis (1940), A. Kinsey (1953), J. Landis (1956), J. Gagnon (1965) and D. Finkelhor (1978). Their findings are also supported by the experiences of the Harborview Sexual Assault Center in Seattle, Washington and the Child Sexual Abuse Treatment Program in San Jose, California which, together, have treated over 10,000 sexually abused children in the past decade. Informal surveys in Canada suggest a similar incidence.

Until recently, effective response to child sexual abuse has been severely hampered by the age-worn myth that children fantasize about sexual encounters with adults. This myth is further complicated by an insidious but equally damaging belief that if, in fact, sexual activity occurs, the child is usually a provocative, if not eager, participant.

Fortunately, adults who were molested as children and experienced professionals are now helping to destroy this ill-conceived and dangerous belief system. Experience clearly demonstrates that children do not lie about sexual abuse. In fact, false denials of sexual abuse are infinitely more common than false reports.

All systems responsible for serving children must recognize the alarming prevalence of sexual abuse and commit themselves to responding, without doubt or delay, if a child comes forward. Without this commitment, the balance of power will remain forever in the hands of those adults who choose to violate the bodies and spirits of children.

2. The use of a child by an adult for sexual purposes is an abusive and criminal act which should be investigated and prosecuted as such.

Any form of direct or indirect sexual contact between a child and an adult is exploitive since it is motivated by adult needs and involves a child who, by virtue of age and position, is unable to give consent.

The closer the relationship between the child and the adult, the greater the potential damage is to the child. It appears that, ultimately, it is the abuse of trust and authority, more than the nature of the sexual contact, which causes the most trauma to the child as she matures. For this reason, father-daughter incest must be viewed most seriously, not simply as a "family problem" but also as an abusive situation with potential life-long effects upon the child victim and frequently her siblings.

No adult who molests a child should be exempt, particularly by virtue of family relationship, from accountability for his actions. The sexual abuse of children is a crime which cannot by any measure be tolerated or excused. As such, the community has both the right and obligation to take the necessary steps to protect the child and to ensure that the adult in question is deterred from any further abusive acts.

Criminal prosecution conveys a clear message to the offender that his behaviour is both legally and morally unacceptable; that he, alone, is responsible for the abuse and its consequences; and, that the community is prepared to mobilize its resources to protect children. Finally, it also has the benefit of empowering the child victim who sees that she is believed and can come to understand that the disruption in her family is not her fault but a result of the abuse which was inflicted upon her.

3. Conviction of offenders, however, is not enough. Without appropriate treatment, the risk of re-offence remains high.

The causes of child sexual abuse are the subject of much debate and speculation. It is accepted, however, that the adult's disturbance is deeply-rooted and usually beyond voluntary control. It is not surprising, therefore, that offenders who receive no treatment or who attempt to engage in treatment voluntarily are generally undeterred in their behaviour.

One reputable study, for example, indicated that the vast majority of incarcerated sex offenders were known to authorities prior to conviction. Offender treatment specialists in Seattle, Washington report further that less than one per cent of offenders remains in treatment on a voluntary basis. There is no reason to assume that the experience in Metro Toronto is significantly different.

Court-ordered treatment offers the best assurance that treatment will, in fact, occur. This, of course, assumes the continued development of offender treatment services which are willing to accept clients who are, at least initially, involuntary.

The engagement of the offender in treatment also helps to reassure the child victim that the offender, who may also be her father, while being punished is also receiving help for his problem. This assurance is particularly important for a child who may be feeling guilty for "breaking up the family" or "sending daddy away or to jail".

4. Effective response requires the full co-operation and co-ordination of all systems. Specialization of core personnel is necessary to promote sensitivity, consistency and collaboration.

Every child who has been sexually abused is the potential subject of an array of professionals, many of whom may have little or no experience or knowledge of the problem. For example, in the space of several days, a child could be interviewed by a teacher, a public health nurse or school social worker, one or more child welfare workers, several Police Officers, plus medical and legal personnel. Faced with the constant re-telling of their stories and, quite possibly, conflicting reactions and advice, it is not surprising that many children retreat into silence or deny the truth of their original report.

Given the critical importance of appropriate and sensitive response to disclosure, specific personnel in each system should be designated and trained co-operatively as child sexual abuse specialists. Together, this core of inter-disciplinary specialists can develop and refine new procedures and techniques to improve and co-ordinate detection, reporting, investigation and Court involvement, as well as crisis support and treatment for the sexually abused child and her family.

5. Following disclosure of sexual abuse, the child victim and adult offender should be separated immediately. In intra-familial situations, every effort should be made to remove the offender from the home, rather than the child.

Traditional response to child sexual abuse has involved either removing the child from the home or leaving the child and adult offender together "under supervision". Both actions, however, serve only to further victimize the child, either by isolating her from home, family and friends or by exposing her to continuing risk of abuse.

The primary goals of community intervention are to protect the child from further abuse and to reconstruct a safe, healthy environment for that child. Removal of the offender is the most effective assurance to these ends. It separates the child and offender, thus preventing continued sexual abuse or harassment and, secondly, it provides an opportunity for strengthening the relationship between the child and mother. It is the quality of this relationship which has been demonstrated to have a major effect on the child's response and recovery.

Since the majority of sexual abuse cases are not currently criminally prosecuted, the ability to restrict the movements of offenders has been limited. By default, it is then the child victim alone who must face the consequences of disclosure, usually physically or emotionally separated from her family and friends. In choosing to violate a child, surely it is the adult, not the child, who abdicates his rights to home and family, at least temporarily.

The Police, child welfare and legal authorities must continue to work together to ensure that sexually abused children are not re-victimized by the systems designed to protect them.

6. Attention must be given to the development of specialized crisis and treatment services for the child victim and non-offending family members.

Experts have emphasized that the quality of response in the first 48 hours following disclosure of sexual abuse determines the eventual outcome for the child. Immediate and intensive intervention, coupled with crisis support services, significantly improves the chances for successful resolution of the initial crisis caused by disclosure, as well as for subsequent progress in treatment.

Current services for child sexual abuse victims, particularly those who are involved in Court proceedings, are extremely limited in both scope and number. In fact, the only specialized services which exist are those offered through the Hospital for Sick Children and York-Finch Hospital, both of which are already extended beyond their capacities. While the Children's Aid Societies may attempt to fill this critical gap, they are ill-equipped to provide intensive crisis support and treatment while also trying to investigate and co-ordinate response. Continuing efforts must be made to ensure that appropriate treatment and support services are readily accessible throughout Metropolitan Toronto.

7. Early detection and prevention provide the ultimate key to ending the destructive consequences of child sexual abuse.

Given that most sexual abuse begins when a child is between the ages of five and nine, and continues over a period of years, early detection and prevention are critical. At the present time, probably no more than ten per cent of all sexually abused children come to official attention. Most of these are adolescents, many of whom are already exhibiting serious problems as a result of on-going sexual abuse. Successful intervention becomes more problematic as the abuse continues.

The effects of child sexual abuse can reach far into the future. Those children who are believed and supported have the best chance of growing up whole and healthy. Others must engage in a life-long struggle against repeated victimization. Some, tragically, carry the lessons learned in childhood to their own children by becoming abusive parents themselves.

While it is critical that services and support be available for current victims of child sexual abuse, it is equally important that efforts promoting early detection and prevention be encouraged. Possible examples include experiential school programs for young children, public education, parent support programs and continuing research aimed at enhanced understanding of the origins and dynamics of child sexual abuse.

No single individual, agency or system, however, can respond in isolation to child sexual abuse. It is a community problem of alarming and destructive proportions. There must be a collective commitment to work together, with all the compromise, frustration and understanding required, to create a community which refuses to tolerate the sexual abuse of its children.

A. Recommendations

To establish a common framework for the implementation of a comprehensive response to child sexual abuse in Metropolitan Toronto, it is recommended that the Special Committee:

1. Endorse the Statement of Principles.
2. Request Special Committee members to seek similar endorsement from their respective agencies or departments, at the earliest possible opportunity.

II. INVESTIGATION/PROTECTION/PROSECUTION

A. The Issues

Allegations of child sexual abuse simultaneously set into motion two systems with statutory responsibility to intervene on behalf of the community. One is the child welfare system which, through the Children's Aid Societies and Provincial Court (Family Division), is obligated to ensure that child victims are protected from further abuse. The other is the criminal justice system which, through the Police Department and Provincial Court (Criminal Division), is responsible for protecting the community by bringing alleged offenders to justice.

Any attempt to rationalize community response to child sexual abuse must begin with an understanding of these two systems which, together or separately, can determine the futures of child victims, adult offenders and their families. At their best, these systems can end abusive and criminal behaviour by offering support and protection to the victim and ensuring that the offender is rehabilitated. At their worst, they can set parallel and conflicting procedures in motion which result in complete disruption of individual and family lives, yet do little to minimize future danger to children.

Co-ordination and co-operation between the two systems is difficult since each operates independently from the other and is accountable to different local and Provincial authorities. Both systems have traditionally held very different perspectives which often result in conflicting attempts to solve the problems before them.

For example, the child welfare system tends to reflect the social service approach which suggests that, with proper support and guidance, families can be maintained. Recourse to legal proceedings is viewed as a last resort, to be used when all other measures fail. The criminal justice system, however, views legal proceedings as a positive indication that an alleged offender may successfully be convicted and punished for his actions. Many criminal justice personnel view the social service approach as a deterrent to crime prevention.

The divergent approaches of these systems are clearly illustrated by their traditional responses to child sexual abuse. The child welfare system attempts to keep the family together by encouraging treatment to resolve the family problem. If necessary, the child is removed from home temporarily until such treatment is successfully completed and it is deemed safe for her to return. The criminal justice system, conversely, focuses solely upon determining whether or not a crime has been committed and, if so, whether there is enough evidence, including credible witnesses, to prosecute and, hopefully, convict the responsible offender.

Not surprisingly, neither system to date can claim significant success in achieving any of their goals in relation to child sexual abuse.

The child welfare system finds itself without the authority to force individual or family treatment; treatment resources are often reluctant to serve families involved with Children's Aid; few families, particularly the abusing member, stay

in treatment voluntarily; and, ultimately, the child removed from home temporarily may find herself a permanent ward of the state, while the abusing adult remains untreated and relatively undeterred.

The criminal justice system finds itself hard-pressed to gather sufficient evidence against child sexual offenders, since there is rarely physical damage to the victim and the only witness may be a child who is not generally viewed as a credible witness. Since Police are hesitant to proceed without a strong case, the majority of reported sexual offences against children do not result in criminal charges. Prosecution and conviction of offenders are thus unlikely to occur.

Some have argued that, for all these reasons, official response to child sexual abuse should be discouraged because it may, in fact, be more traumatic to the child than the abuse itself. Such thinking, however, does nothing to prevent sexual abuse and, in reality, condones it. Rather than turning our backs on these children because our efforts have failed in the past, surely the challenge is to find new ways of responding, integrating the best of both the child welfare and criminal justice systems, to protect current victims and create communities in which all children are safe from sexual exploitation by adults.

B. Activities to Date

During the past year, two initiatives were undertaken to address issues relevant to the investigation/protection/prosecution aspects of child sexual abuse in order to identify ways in which improvements could be made.

First, nine representatives of the child welfare and criminal justice systems participated in multi-disciplinary team visits to training institutes in San Jose, California and/or Seattle, Washington, during the months of May and June. Both communities have evolved an integrated approach to child sexual abuse over the past decade and, together, have seen over 10,000 child victims. Representatives were able to meet their counterparts in these communities and assess the viability of their approach for use in Metro Toronto, in addition to receiving intensive training in all aspects of responding to the problem. (A comparative profile of the San Jose and Seattle programs is attached as Appendix A).

Second, lawyer Marion Lane was commissioned by the Special Committee to prepare a background paper, reviewing current legal policies and practices in both the child welfare and criminal justice systems regarding child sexual abuse. A summary of this review and accompanying recommendations, titled "The Legal Response to Sexual Abuse of Children", is presented as Appendix B. The complete report is available on request.

The review, despite its acknowledged limitations, is the first of its kind in Canada and contains information and statistics which will be of immeasurable use in redirecting and co-ordinating legal efforts to combat child sexual abuse.

Specifically, the background paper highlights issues related to:

- the lack of a common working or statutory definition of 'sexual abuse';

- problems related to joint investigations between the Police and Children's Aid Societies;
- delays and poor co-ordination between Family and Criminal Court proceedings which leave the child "in limbo";
- lack of protective services for 16 and 17 year old victims and victims of extra-familial sexual abuse;
- the frequency with which cases are not brought before any level of Court;
- the mandate of the Ontario Child Abuse Register;
- the random assignment of personnel, specifically within the Children's Aid Societies, the Police Department and the Crown Attorney's Office, who may or may not be either comfortable or experienced in this area;
- the absence of workable protocols within and among the relevant systems which support an integrated and co-ordinated response.

C. Recommendations

To support and strengthen the collaborative intervention of the child welfare and criminal justice systems into the area of child sexual abuse, it is recommended that the Special Committee:

1. Release the background paper, "The Legal Response to Sexual Abuse of Children", for the information and reaction of appropriate bodies.
2. Invite the Children's Aid Societies, Police Department and Crown Attorney's Office to appoint appropriate representatives to participate in the drafting of an integrated protocol for handling cases involving child sexual abuse.
3. Request that the Children's Aid Societies, the Police Department and the Crown Attorney's Office designate specific personnel to become child sexual abuse specialists who, together, would implement and refine the integrated protocol following approval by the Special Committee.
4. Encourage other systems, including the Public Health Departments, Boards of Education, hospitals and treatment facilities, to designate child sexual abuse specialists to work co-operatively with Police, Children's Aid and Crown Attorney specialists to expand and refine the integrated protocol to support improved detection, reporting and treatment of child sexual abuse.
5. Re-constitute its legal advisory committee and request that it give further consideration to the proposed legislative changes recommended in the background paper, prior to formal submission to the appropriate Federal and Provincial authorities.

III. TREATMENT/CRISIS SUPPORT

A. The Issues

Disclosure of sexual abuse creates a profound crisis for the child and all family members. Research indicates that immediate and intensive intervention, aimed at maintaining the child in her home with non-offending family members, greatly improves the prospects of recreating a safe, healthy environment for that child. In fact, it has been suggested that what happens in the first 48 hours following disclosure determines the outcome of all future intervention.

The structure and availability of services within Metro Toronto currently preclude the provision of immediate supportive services to victims of child sexual abuse. It can take weeks or months to locate a suitable treatment resource which is willing to do more than an initial assessment. By this time, the child may have been removed from home and the family has realigned itself against what it perceives as the cause of the problem: namely, the child victim. The longer the child remains out of the home, the less likely it is that she will ever return.

Meanwhile, as the Police and Children's Aid Society investigations proceed and the child is subjected to interviews with a variety of professionals, neither she nor her family is likely to receive any consistent support or information to help them understand what has happened or what to expect. It is not uncommon at this point for the child to recant or deny that any sexual abuse occurred. Under these circumstances, unless the offender confesses, the Police are unlikely to remain involved and the C.A.S. is left with a child in need of protection, an offender who denies any abuse, and a hostile, unco-operative family.

If, on occasion, families do agree to receive treatment services, there are very few resources from which to draw. Recently, for example, a family service worker with Metro C.A.S. made thirteen attempts to secure treatment for a sexually abused adolescent and her mother, before locating a psychiatrist who was willing to see them.

There are a variety of reasons for the general unavailability of suitable treatment services. These include:

- cut-backs or freezes on all levels of service within the social service field;
- an increasing emphasis upon assessments and short-term counselling, as opposed to intensive treatment;
- an unwillingness to accept clients who are involved with the Police or C.A.S. because of potential requirement for Court involvement;
- a reluctance to accept Court referrals because of a belief that successful treatment must be sought on a voluntary rather than mandatory basis;

- recent increased demands for service due to heightened awareness and improved detection of sexual abuse which have not yet led to the development of adequate expertise to treat either victims, offenders, or their families.

Regardless of the rationale used, the result is the same: the child victim remains isolated, with little recourse to any assistance which will help her to deal with what happened to her, thereby minimizing the potential effects it may have on the rest of her life. No amount of legal or physical protection will heal the emotional wounds of sexual abuse; only sensitive and skilled treatment and support can begin this process.

B. Activities to Date

Several initiatives have been taken to support the development of adequate crisis and treatment services for sexually abused children and their families.

First, a review of current policies and practices within the public health, education and hospital systems was conducted. Most interviewees considered that provision of treatment services was the responsibility of the Children's Aid Societies. While several hospitals have established child abuse teams, only the Hospital for Sick Children and York-Finch Hospital offer specialized treatment as well as medical services to child sexual abuse victims.

Second, several representatives of treatment facilities including Earls Court Child and Family Centre, Huntley Youth Services and the Clarke Institute of Psychiatry, joined the training visits to the United States, as described earlier. It was anticipated that each of these services, in turn, would continue to extend their commitment to service in this area.

Third, following contact with over fifty adult survivors of incest, who responded to a newspaper article last year, fifteen women agreed to participate in a volunteer training program. The purpose of these sessions, conducted between March and September, was to provide training and information to equip participants to assist in public and professional education and, with further support, to act as sponsors or 'big sisters' to recently victimized children. Eight women successfully completed the program and several have already made their public speaking debuts, as part of a professional-volunteer team. Others have responded to enquiries from professionals and some are awaiting further assignments. All volunteer activities are co-ordinated and supervised through the Co-ordinator's office.

Finally, several meetings have been convened since August to develop a proposal for the creation of crisis support groups. These groups, which are described fully in the proposal (Appendix C), would provide support to child victims of intra-familial sexual abuse and their mothers, immediately following disclosure of abuse. As such, they would aim to:

- increase the number of children who can be maintained at home with non-offending family following disclosure of sexual abuse;

- reduce the pressure which causes children to recant their stories;
- supplement and reinforce the ability of mothers (as non-offending care-givers) to support the child victim through the crisis and to recreate a safe, healthy environment for her child(ren);
- reduce the likelihood of re-abuse by heightening awareness and self-esteem.

C. Recommendations

To support the development of adequate crisis and treatment services, it is recommended that the Special Committee:

1. Sponsor the development of crisis support groups, as described in the accompanying proposal (Appendix C), to be evaluated following six months of operation.
2. Approach those treatment facilities or services which have formal or informal policies discouraging treatment of clients who are involved with the Children's Aid Society, the Police, or the Courts, with a view to encouraging them to accept clients who are before the Courts.
3. Sponsor a two-day training institute for practitioners who indicate a willingness to offer treatment to victims of child sexual abuse, adult offenders and/or their families, regardless of their involvement in legal proceedings. A list of participants could then be used for referral purposes.
4. Explore further ways through which adequate resources in the areas of treatment and crisis support can be developed in the future.

IV. DETECTION/PREVENTION

A. The Issues

As indicated in previous pages, child sexual abuse is an alarmingly common crime, which will affect the lives of up to one in four girls and one in ten boys. It is probable that several thousand children are victimized each year in Metropolitan Toronto. Yet only a small percentage of these children now come to official attention. Even fewer adult offenders are held accountable for their actions and of those who are, only a small number receive appropriate rehabilitative/treatment services.

In general, the educational, medical and public health systems are in the best positions to detect child victims of sexual abuse and make the necessary reports to child welfare authorities. The review of the policies and practices of these systems, which was referred to earlier, revealed, however, a general lack of confidence in responding to this problem. While most have developed some sense of competency in the area of child physical abuse, many have only recently begun to consider the issue of sexual abuse. Specific concerns included difficulties related to recognizing sexual abuse in young children and perceived problems of credibility with older adolescents.

While efforts to improve response to current victims of child sexual abuse are critical, equal emphasis should be given to primary prevention activities such as those which reach out to young children at the ages when sexual abuse is most likely to start. Such initiatives could lead to earlier detection of child victims, before the abuse runs its full course, and, most importantly, to prevention. Public education, parent support programs and continuing research must also be encouraged.

B. Activities to Date

Last February, the Special Committee approved the development of a proposal for a Preventive Education Project, aimed at young children. Since that time, as reported to the special working session in July, progress has been excellent.

An extensive proposal was developed, under the direction of Catherine Stewart, and in collaboration with a working committee of representatives from the Separate and local School Boards, Children's Aid Societies, Police Department and other interested parties (see Appendix D).

As outlined in the proposal, the goals of the Educational Project are to:

- directly aid in the early detection of child sexual abuse;
- decrease the likelihood of victimization by giving children specific information and developing their skills in assertiveness and personal safety;
- further protect children through providing an overview of child sexual abuse to parents, teachers, professionals and the general community;

- co-ordinate this program with all other initiatives being taken at this time in the area of child sexual abuse (including legal, social agency, law enforcement and medical initiatives).

Subject to approval of further support and funding from the Special Committee and additional funding from other sources, the preventive education project could be introduced to up to ten schools on a pilot basis by the spring of 1983.

C. Recommendations

To encourage early detection and prevention of child sexual abuse, it is recommended that the Special Committee:

1. Support the implementation of the Preventive Educational Project for Children, as proposed (Appendix D).
2. Approve the allocation of funds to cover the administrative and training costs of the Project.
3. Authorize the continued application for additional funds for the pilot project to other appropriate private and public institutions.
4. Authorize its staff, under the direction of the Steering Committee, to take whatever additional action is necessary to allow implementation during the 1982-83 school year.
5. Continue to explore additional methods of early detection and prevention of child sexual abuse.

V. PROFESSIONAL TRAINING

A. The Issues

Most of the recommendations contained in this report assume the availability of professionals with specific expertise in the field of child sexual abuse. At the present time, however, such expertise is scattered and unevenly developed.

There is, however, tremendous interest within all relevant professional communities as indicated in response to recent conferences and seminars on the subject of child sexual abuse. While such endeavours do much to heighten awareness of the problem which, in turn, may lead to improved detection and reporting of suspected cases, they are not able to provide the type of intensive training necessary for professionals who must respond to the problem on a frequent basis.

If the Special Committee is to succeed in implementing an integrated, multi-disciplinary response to child sexual abuse, it must ensure that all initiatives are accompanied by adequate training for those individuals directly responsible.

B. Activities to Date

The major initiative of the Special Committee to date in the area of professional training was the sponsorship and co-ordination of the multi-disciplinary training visits to the United States. In all, fifteen individuals participated, collectively receiving over 800 hours of training. Upon their return, most participants have remained actively involved and committed to the work of the Special Committee. Most significantly, it was this experience which most positively influenced the evolution of the philosophy and approach now before the Special Committee for approval.

Throughout the past year, staff and volunteers have also responded to an increasing number of requests for training. In total, over 700 people have participated in presentations providing at least basic information about child sexual abuse. Several hundred more have received information about the Special Committee.

C. Recommendations

To stimulate the development of expertise in the area of child sexual abuse and to support the implementation of all previous recommendations, it is recommended that the Special Committee:

1. Sponsor and co-ordinate the joint training of the designated child sexual abuse specialists as identified by the Children's Aid Societies, the Police Department and the Crown Attorney's Office. (Recommendation II (3)).
2. Provide initial and on-going training to the professionals and volunteers who will be involved in the proposed crisis support groups. (Recommendation III (1)).

3. Host a two-day training institute for treatment personnel as described in Recommendation III (3) above.
4. Co-ordinate the orientation/training sessions for teachers, parents and local professionals participating in the Preventive Education Project for Children. (Recommendation IV (1)).
5. Encourage all local and agency efforts to disseminate appropriate information about child sexual abuse and reporting requirements.
6. Respond, as possible, to additional requests for training, particularly from those systems responsible for detecting and treating child victims.
7. Continue to expand its roster of qualified speakers/trainers, supported by trained volunteers.
8. Continue to identify additional community and professional education needs to support improved detection, reporting, investigation and treatment of child sexual abuse.

VI. IMPLEMENTATION PROCESS

OCTOBER 1982 TO SEPTEMBER 1983

[illegible]

VII. THE FUTURE

The development of an integrated response to child sexual abuse is an evolutionary process, as opposed to a single event. It requires a collective commitment to resist the natural tendency of formal systems to function in relative isolation, each one a world unto itself. Most importantly, the process must be continually stimulated and guided, if progress is to continue.

The establishment of the Special Committee in 1981 marked the beginning of this process: the first formal multi-disciplinary attempt to develop a collective response to child sexual abuse in Metropolitan Toronto. By the time its official mandate expires at the end of September 1983, the general framework and initial integrated protocol should be in place; specialized personnel, as designated by their respective systems, will have received initial training, as will other professionals in relevant systems; and crisis support groups and a preventive education project for children will have been initiated and assessed.

The problem of sexual abuse, however, is so deeply rooted in the fabric of society and official response so conditioned to either minimize or over-react, that no amount of energy or commitment will successfully re-direct community or institutional priorities in the space of two years. Rather, the Special Committee should be viewed as a bridge between the confusion and fragmentation of traditional responses to sexual abuse and the potential clarity and integration of the future.

A critical issue before the Special Committee is the question of what lies beyond the bridge. How can we ensure that the evolution of an integrated response to child sexual abuse continues? Can the process now be entrusted to the relevant systems or is some form of structure required to encourage further collaborative progress? What levels of support exist for further expansion of activities to address unresolved issues?

It is not too early to begin consideration of the future options before the Special Committee. Such consideration may help to ensure that momentum and interest are maintained and that none of the progress made is lost. Prospects for change are encouraging and expectations are high, but a year from now we must be confident that the enthusiasm inspired through the initial efforts of the Special Committee, will not be lost.

A. Recommendations

To ensure that the process of implementing an integrated response to child sexual abuse continues, it is recommended that the Special Committee:

1. Authorize its Chairman, Co-ordinator and Steering Committee to initiate whatever discussions and/or negotiations are necessary to ensure continuing progress after the official mandate of the Special Committee expires at the end of September 1983.
2. Request the above to develop a specific design of future initiatives for consideration by the Special Committee.

A Comparative Profile of the Child Sexual Abuse Treatment Programs in San Jose, California, and Seattle, Washington

San Jose

- Population Served**
- Santa Clara County
 - Population: 1.3 million (half of Metro Toronto)
 - Major industry: technology
 - Population mainly white, middle-class; Hispanic and Asian populations growing
 - Large military population
- Program Model**
- Co-ordinated network based upon voluntary co-operation among mandated and community agencies
 - Components:
 - Juvenile Probation, Child Abuse Unit (has child Welfare mandate)
 - The Police Department
 - The District Attorney's Office
 - Institute for the Community as Extended Family (co-ordinates training and co-sponsors Parents United)
 - Parents United/Daughters and Sons United/Adults Molested as Children United (professionally supervised resource offering sponsorship for new families, groups, community education and fund raising)

Seattle

- King County (includes 27 municipalities)
 - Population: 1.2 million
 - Major industry: Boeing aircraft
 - Population mainly white, with significant Hispanic and native populations
 - Only 7% of families live in traditional nuclear form
- Program Model**
- Co-ordinated network based upon voluntary co-operation among mandated and treatment agencies
 - Components:
 - Child Protective Services (CPS) - Special Unit
 - The Police Department - Special Unit
 - The Prosecutor's Office - Special Unit
 - Harborview Sexual Assault Center
 - Offender Treatment Specialists
 - King County Rape Relief
 - Western State Hospital (psychiatric)

- Program Description**
- Deals only with intra-familial child sexual abuse (75% of all sex abuse)
 - Initiated 11 years ago through Juvenile Probation which saw heightening pressure on child to change story and a cycle of revictimization
 - Mandatory reporting
 - Treatment co-ordinated through ICEF and Juvenile Probation (5 counsellors and 39 interns from family and marriage therapy degree programs)
 - All family members are linked to PU/DSU as soon as possible, hopefully within first 48 hours
 - Criminal Court action is initiated in all cases
 - Process cannot be managed entirely by professionals due to intensity of time (42 hours/family in first two weeks); self-help component is critical since first 48 hours determine eventual outcome

- Deals with all sexual assaults against children (50% incest; 35% known adult; 15% stranger)
- Evolved over past 10 years, initially in response to needs of adult rape victims; began to address needs of child victims six years ago
- Mandatory reporting
- Treatment co-ordinated by CPS and done by Harborview and other community resources
- Criminal Court action is always sought
- Each core service has specialized personnel and joint protocols which allow development of common expertise and reduces territoriality
- CPS/Police/Prosecutor meet twice a month for case conferences
- CPS/Police/Prosecutor/Harborview/Offender Specialists/Other Resources meet once a month to identify concerns and share information

San Jose

- Philosophy**
- Child is always assumed to be telling truth
 - Incest is a social disorder and is symptomatic of family dysfunction
 - Incest offenders can be resocialized through treatment and on-going support
 - Prognosis better for incest offenders than other sexual offenders
 - Court involvement is mandatory; offenders need to "feel hard edge of the law" and accept full responsibility for their actions
 - Court action lets child know that s/he is believed; is not to blame; father is being punished and helped
 - Mothers rarely know of abuse on a conscious level but must assume responsibility for protecting child
 - Goal: to protect child and reconstruct safe, healthy environment (core is mother/daughter relationship; father only re-enters if in best interests of child)
 - Offender is removed from home, not child. If child must be removed, offender also leaves, so that space is left open for child

Seattle

- Child is always assumed to be telling truth
- Incest is an outlet for the offender's sexual behaviour disorder (deviance) and he, alone, is responsible for behaviour
- Part of a continuum of sexual deviancy, e.g. 1/3 of all "flashers" will eventually rape
- No significant difference between incest offenders and other sexual offenders
- Court involvement is necessary to force treatment (less than 1% stay in treatment voluntarily)
- Court action empowers the child
- Mothers rarely know of abuse on a conscious level; do not even think of husband molesting child
- Goal: to protect child from further abuse, initially by removing offender from home, and eventually, by reconstituting mother/daughter relationship

Statistics

- General estimates used: 1/4 of all girls and 1/10 of all boys will be molested before the age of 18
- 350 families (1,000 individuals) now in active treatment
- 600+ referrals expected in 1982 (compared to 34 in 1971)
- Estimate that only 1/3 of molested children are being reached
- Families conform to general demography
- 15-20% of offenders are sent directly to State facility, although child and mother may come to program. This includes men with previous records, pedophiles (extra-familial), and those with histories of chronic drug abuse, violence or psychotic disturbances
- Confession rate is 90% (75% confess in first interview)
- 60% of families eventually stay together; only 5% of children stay in care
- Recidivism is estimated at 1% of those they still have contact with (not possible to track those who move); most likely to be men who never "owned" the program
- General estimates used: 1/4 of girls and 1/10 of boys will be molested before age 18
- 1,050 children (including over 500 incest) seen in 1981 (compared to 53 in 1973)
- CPS receives 40/50 sex abuse referrals per month
- Every year, referrals increase by one-third
- 2/3 victims are pre-teen (10% of incest victims are boys)
- Families conform to demography
- 15% of children have some form of injury (usually minor); only one child has been hospitalized in 7 years
- 250% increase in prosecution of offenders
- Confession rate is 72%. Of those prosecuted, 61% are convicted. Total convictions for incest: 80%
- 50% of families eventually stay together
- Recidivism for community treatment not known; 20% at Western State Hospital (minimum security)
- Adolescent Sex Offender Program had 366 cases in first year (60% offended against children)

**Investigation/
Prosecution**

- Goal is to ease child through system with the least amount of trauma possible
- Child should only be interviewed once, taped and made available as required
- Joint interview with Police and Probation (child welfare) officer if possible
- Child may choose to have mother present
- Case must be made on verbal evidences because there is rarely physical evidence or witnesses; use expert witnesses
- Mother/child/siblings immediately linked to PU/DSU by police
- Father is contacted; usually comes to police station voluntarily; child's interview is played
- If they confess (75%) immediately, they re released on their own recognizance, provided they agree to leave home
- Immediate link with PU (there have been suicides)
- If no confession, Police let PU work with father which results in a further 15% confessions
- Confessions are key so that child is saved from court testimony
- Sentencing delayed for 6 months; most men work hard in treatment and groups to reduce sentence (that's the first incentive)
- Most get some time (6 mos.) in county jail on work furlough program (must pay \$35/night and are released for work and treatment)
- Most men are able to keep jobs and support families
- Upon release, remain on probation up to 5 years (this can be reduced, depending upon progress in program)
- Try to have joint Criminal and Juvenile hearings so that there is also leverage to force mother to allow treatment of child

**Treatment -
Child**

- Joint interview by Police and Probation Officer
- Referred to Child Abuse Unit, Probation Department
- Each case has a CAU case manager and therapist
- Immediate link with DSU; sponsor assigned, usually older child or AMACU member
- Individual and group counselling; when possible, sessions with mother
- No contact with father until sentencing or trial (6 mos) unless father is willing to meet in supervised setting to tell child that she did nothing wrong and that he accepts full responsibility
- Many children attempt to take back story due to crisis of disclosure; must get immediate support

- Goal is to protect child and minimize number of times that s/he must tell story (usually kept to 2 or 3 times)
- CPS has 24-hour hotline; most incest is reported to CPS; schools and medical facilities are major referees
- CPS conducts initial investigation by interviewing child, siblings and mother (if offender is present, he will be advised that a report is being made to police)
- When verified, written report to police
- Detective is assigned from Sex Crimes Unit and interviews offender
- Incest offenders given choice: move out with no contact or be arrested
- Joint interview of child by CPS/Police/Prosecutor (same personnel throughout)
- Decision to lay charges
- Most children are qualified legally as witnesses, including some mentally-retarded
- Advocate is assigned to child throughout prosecution (usually Harborview or Rape Relief); key to supporting and preparing child for court
- Most incest offenders are sentenced to county jail with community treatment (51%)
- 23% receive probation with mandated treatment
- 26% go to State hospital or prison
- Prosecution takes 6-8 months
- Also go to Juvenile Court, when necessary, to protect child, especially if child is young and/or mother does not support

- CPS acts as case manager
- Treatment is done by Harborview and private agencies
- Harborview provides treatment, legal advocacy and medical assessments
- Initial crisis intervention (some children need nothing further)
- Then into groups or play therapy (if under 8)
- Most stay in groups for six months
- A few need further individual help
- Non-offending family members are involved in separate groups as soon as possible
- Children who are not able to stay at home have the hardest time

San Jose

Seattle

- Children who have been abandoned stay longest and have the most difficulties; others stay in program for 6-12 months
- DSU is managed by ICEF but has its own steering committee which organizes activities and raises money
- 17 groups meet every Wednesday, broken down by age, sex and topics such as self-awareness and sexuality, communication and orientation
- Young male offender groups meets weekly and, most recently, a young female offenders group has begun
- Counselling focuses on mother/daughter relationship and helping child to understand that she is not to blame
- If family is going to stay together, child may become involved in family counselling after 6-9 months
- Little emphasis given to medical or psychological assessments, unless obviously needed or child needs reassurance

- Medical examination is rarely done on an emergency basis but child is usually given a complete physical within two weeks to reassure her that she is okay

Treatment - Mothers

- Immediate link with PU and sponsor/mother
- Usually despondent, confused and very needy; sponsor helps through crisis
- Individual counselling to help her to cope with crisis, support/protect children and make critical decisions
- Goal is not to save marriage but ensure that needs of child(ren) are met
- Joins PU Orientation Group (8 weeks); offender also present; allows for mother's anger and guilt to be expiated
- Then joins women's group and progresses through various groups which are run on 8 week cycles and includes a mother/daughter group (takes 1 year)
- If warranted, may eventually participate in family counselling

- Mothers are put into groups, court-ordered if necessary
- Some also need limited individual work
- Rationale: unless mother is supportive to child, child must leave; mothers need intensive support to fulfill this role, particularly if they remain in contact with father/offenders
- Most stay in groups for about 1 year
- SAC and Offender Specialists have recently begun couple counselling
- Western State Hospital also has weekly couple groups

Treatment - Siblings

- Siblings are encouraged to join DSU, also by court order if necessary
- Participate in groups with victims
- Helps to work out ambivalence or anger toward victim for breaking up the family; provides information
- Lends added support to child

- All children within incestuous families suffer some degree of emotional disturbance
- Counselling is available as well as sibling groups

Treatment - Offenders

- Immediate link to PU sponsor/father who provides information and support, as well as encouragement to confess and take responsibility

- Most receive community treatment unless dangerous, severely disturbed or re-offenders
- Treatment by private agencies such as Northwest Treatment Associates

- Must be involved in court process; but can get involved even before charges are laid
- Usually resistant or ambivalent about attending PU groups or individual treatment but usually comes as a way to reduce sentence or avoid jail
- Attend Orientation Group for 8 weeks
- Is confronted by mothers and adult survivors of incest who also attend Orientation
- Hearing survivors describe life-long damage of molest often prompts action by fathers such as confession or voluntarily leaving home so that daughter can return (most men claim no awareness of potential damage to child: "I didn't hurt her" or "She never complained")
- Proceed to Men's Group and other 8 week groups which take 1 year to complete
- "Real" treatment begins after father is able to meet with daughter to accept responsibility and remove blame
- Attendance and progress is constantly monitored by CAU case manager
- Some feel long-term PU contact is crucial (like AA) to avoid re-offending
- Others feel that once positive ways of coping are learned and friends are established, re-offending is unlikely
- Men who have been in the program for some time are used in children's groups so they can rehearse meeting with real fathers; also attend survivors meetings to allow women to confront and question

- Must be court-referred
- All types of sexual offenders treated in groups as well as individual and, recently, couple counselling
- No contact with other group members permitted outside group (bad influence)
- Behavioural aversive conditioning used based on hypothesis that problem is one of deviant sexual arousal pattern that is subject to being changed
- Treatment issues: denial, minimizing, rationalizing and blaming victim; must accept total responsibility
- Western State Hospital takes those committed under "sexual psychopathy" statute, although none is technically psychopathic but may be dangerous or re-offenders
- 2 year program (30-90 day - in-patient observation; min. 3 months - Work Release; min. 18 months - Out-patient)
- Group treatment only; 30 hours/week
- If they escape or re-offend, they go to State prison
- Weekly couples groups; also conjugal visits
- Emphasis on decreasing deviant behaviour and building social skills
- Adolescent offenders handled by Adolescent Clinic
- 366 cases in first year, including 220 who offended against children and 73 who raped adults
- Treatment takes 1-2 years of individual and family treatment (groups were not successful)
- Report progressive pattern, i.e. kids who molested often began by stealing underwear, public exposure, etc.

Community Education

- Speakers Bureau run by PU involves both members and professionals
- Everyone must rehearse presentations with group and check back every six months
- Most requests from hospitals and schools
- Each speaking engagement is filled by PU member and professional
- Public service announcements for children and adults using local celebrity (Bill Russell)
- Handbook for Parents, "He Told Me Not to Tell", available free in every library; 5,000 copies distributed in 24 hours
- Personal Safety Curriculum developed for public schools and introduced through PTA's
- 26 schools (7,000 children) have been reached since January 1982.
- Presented by teachers after 6 hours of training
- Parents are also offered 2 hour orientation

San Jose

Seattle

Outstanding
Features

- Self-help function provided by Parents United is extremely powerful
- Intern program and PU result in significant cost-saving (program would not otherwise be financially feasible)
- Growth-oriented model provides "hope" which is ultimately energizing, despite intensity of pain and confrontation
- Co-ordination and communication is strong

- Co-ordination of services is clear; each has own responsibilities; mutual respect, collective expertise is enhanced
- Advocacy component for child provides critical support without which prosecution of offenders would be almost impossible; also provides child with clear message that s/he is believed and that belief is backed by action (even if offender is acquitted)
- Special protocols have been developed for ethnic populations, male victims and the disabled

Concerns

- Follow-up is not always complete
- Can interns provide consistent and complete treatment?
- Possible over-dependency upon group; hard to move out of supportive community

- Follow-up not clear; recidivism unknown
- Pessimism toward offender may influence treatment and affect outcome
- Question use of aversion therapy: it is de-humanizing and, according to many, ineffective on a long-term basis
- No self-help component; everything rests with professionals
- Question assumption that there is no difference between incest offenders and other sexual offenders (check of research confirmed differences)

This profile has been compiled based upon participation reports from most of the fourteen individuals, representing various systems, who participated in the Training Institutes, either in San Jose or Seattle, in May and June 1982. Almost 800 hours of training were received.

Lorna Grant
Co-ordinator.

July 5, 1982.

THE METROPOLITAN CHAIRMAN'S SPECIAL COMMITTEE ON CHILD ABUSE

Training Institute ParticipantsI. University of Washington/Harborview Medical Centre
Child Sexual Abuse Treatment/Training Institute
Seattle, Washington

Three-day Orientation:

John Liston, Metro Children's Aid Society
Robert Bates, Hospital for Sick Children
Bruce Young, Ministry of the Attorney General
Jackie Hobbs, Metro Police Department

Two-week Institute:

Lorna Grant, Special Committee
Heather Sproule, Metro Children's Aid Society
Ernest Manglicas, Catholic Children's Aid Society
William Polski, Clarke Institute of Psychiatry
Wendy Barrett, Huntley Youth Services

II. Institute for the Community as Extended Family
Child Sexual Abuse Treatment/Training Institute
San Jose, California

Three-day Orientation:

Winifred Koneri, Catholic Children's Aid Society
Sam Reiss, Jewish Family and Child Service
Mary Hall, Ministry of the Attorney General
Jackie Hobbs, Metro Police Department

Two-week Institute:

Lorna Grant, Special Committee
Joan Davis, Metro Children's Aid Society
Marcellina Mian, Hospital for Sick Children
Mark Dooner, Earls Court Child and Family Centre

APPENDIX B

Summary of Findings and Recommendations *
from
The Legal Response to Sexual Abuse of Children

A background paper reviewing current procedural and legal practices in the child welfare and criminal justice systems regarding child sexual abuse.

Prepared for
The Metropolitan Chairman's Special Committee on Child Abuse

Marion E. Lane, M.A., L.L.M.
Barrister and Solicitor of
The Bar of Ontario

October 1982

* Complete report available under separate cover on request.

SUMMARY OF FINDINGS

THE CHILD PROTECTION SYSTEM

1. The lack of statutory definition for "sexual molestation" means that different definitions are applied among and within the mandated systems and the community in general. Most incidents of sexual abuse are now reported initially to the Police, not the Children's Aid Societies. Since the Police define child abuse as limited to abuse within the family, incidents involving friends, acquaintances and strangers are generally not reported to the C.A.S.
2. Adolescents 16 and 17 years of age who have not previously been involved with a Society do not qualify for protective services under The Child Welfare Act. This "legal limbo" effectively deprives many sexually abused adolescents of access to appropriate services.
3. Joint investigations by the Police and the C.A.S. produce many problems from the perspective of both agencies. C.A.S. workers are concerned, for example, that the Police in some circumstances appear reluctant to initiate or continue an investigation. They are also uncertain as to their role once the Police are involved. The Police, on the other hand, are anxious that the C.A.S. not interfere with the offender and that they maintain their distance during the Police investigation. The Police also feel that C.A.S. workers have unrealistic expectations as to their capacity to predict the result of criminal proceedings. In their view, joint consultation is only useful if it occurs immediately after the offence is reported and investigated.
4. After the initial investigation, there is frequently a failure of communications between the Police and the C.A.S. about the progress of the case.
5. Parallel proceedings in Family Court and Criminal Court often cause the child to "sit in limbo" pending the resolution of the criminal charges. This occurs because juggling between the two Courts has tactical advantages for all parties (except the child), and because some Family Court judges refuse to make a disposition order until the criminal matter is resolved. The laying of criminal charges also accentuates the adversarial nature of Family Court proceedings.
6. In 73.9% of sexual abuse cases handled by the M.C.A.S. in 1980-1981, there was no Family Court intervention. The normal response was to provide services to the girl and her family on a voluntary basis either directly or by referral to another agency. The principal factors considered in the decision not to initiate protection proceedings was that the abuser was out of the home, or that the abuser was not a member of the family.
7. "Continuing supervision" by the protection Societies on a voluntary basis may be illusory. Previous studies indicate a serious absence of appropriate sexual assault management programs, a lack of family therapy and of follow-up. In 22 of 66 cases in our M.C.A.S. sample (33%), the sexual abuse occurred in families already reported to the M.C.A.S. and subject to agency evaluation and/or supervision.

8. When protection proceedings for sexual abuse cases are commenced in Family Court, few actually proceed to trial. Often, a Supervision Order or Society Wardship will be obtained on consent. Another approach is to obtain a finding on the basis of "other concerns" besides sexual abuse.
9. In Metropolitan Toronto, 56.2% of sexual abuse cases referred to the Family Court by the M.C.A.S. resulted in initial Supervision Orders. Other statistics indicate that in child abuse cases generally, 32.1% of cases resulted in Society supervision and that, across Ontario, the ultimate disposition in 34.9% of sexual abuse cases was Society supervision.
10. The narrow wording of S.30(4) of The Child Welfare Act empowering the judge to attach "terms and conditions relating to the method of supervision" imposes severe constraints on the power of judges to order the abuser out of the home or the family to take treatment.
11. Assessments were performed in 47.2% of the sexual abuse cases across Ontario. Often the assessments were of the child, or the parents, alone. The Family Court Clinic policy not to assess for child welfare disposition purposes so long as criminal charges are pending, contributes to delays in Family Court, and inhibits the C.A.S. and the Police from using its facilities for crisis counselling of victims.
12. Independent counsel for children are usually appointed only after Court proceedings have been initiated. As only 23.1% of cases in Metropolitan Toronto go to Court, most victims of sexual abuse do not have the benefits of independent representation or the possibility of their own counsel in criminal proceedings.
13. Where protection proceedings are commenced, most victims of sexual abuse are present in Family Court for the hearing. The atmosphere of Family Court, the lack of witness rooms, and the delays resulting from lengthy dockets, however, impose great pressure on the child and compound her antipathy to the process.
14. Only 51.8% of the 79 incidents of sexual abuse reported to the M.C.A.S. in 1980-1981 were subsequently reported to the Child Abuse Register. The "filtering-out" process by which incidents are not reported occurs at all stages.

THE CRIMINAL JUSTICE SYSTEM

15. Occurrences of sexual offences against children reported to the Metropolitan Toronto Police 1977-1980 averaged 520 incidents per year. The actual extent of sexual abuse against children is likely at least three or four times that number.
16. Within the decentralized structure of the Metropolitan Toronto Police, Police Officers are assigned to these cases, like any others, at random.
17. A victim of sexual abuse may be interviewed by several different Officers over a period of several hours. Metropolitan Toronto Police have no special resources available at present to facilitate communication with children. Young children are generally assumed to be incapable of testifying. Use of the "public mischief" caution sometimes deters a complainant from pursuing her case.

18. The extent of Police investigations depends on the sophistication of individual Officers. Incest, carnal knowledge and indecent assault cases appear to be dealt with rather summarily. In a disturbing number of cases, a denial by the accused (and the mother or step-mother) ends the investigation. Sometimes, the Police do not interview an identified suspect.
19. In 32% of the 153 cases in our sample, an admission by the accused on arrest was noted on the record.
20. A medical examination of the victim was indicated in 37.2% of the cases. These occur routinely (85.1%) only in rape cases. Where samples are taken, there is often a lengthy delay in securing the forensic reports.
21. Charges were laid in 69 out of the 153 occurrences in our sample (45%). Charges were laid in 33.3% of the incest cases, and 76.4% of the sexual intercourse under 14 years cases. As between assailants who were family and caretakers of the victim and those who were friends and acquaintances, there is a relatively equal percentage of charges laid.
22. The principal factors considered in not laying charges were the wishes of the victim and the family not to proceed, problems with corroboration, and concerns about the credibility of the victim. Other factors included the competency of the child to testify, the existence of a separation or divorce dispute, and the promise of the accused to secure treatment.
23. Charges are generally not laid for the Provincial offence of inflicting abuse upon a child or permitting the child to suffer abuse (S.47(2) of The Child Welfare Act).
24. When charges are laid under The Criminal Code, the accused is generally held for a "show cause" or "bail hearing". The "no contact" conditions often included in an order for interim release are difficult to enforce, and are frequently deleted or waived.
25. A summary offence proceeds in Provincial Court (Criminal Division). An accused charged with an indictable offence has a choice whether to proceed in Provincial Court or elect trial at County Court. In 32 of 52 cases in our sample (61.5%), the case remained at the Provincial Court level. 43.7% of those cases were completed within 90 days. If the case proceeds to County Court, there could be a delay of one to two years before final disposition.
26. Victims/witnesses are frequently subpoenaed to Court when they are not needed. Psychologically geared-up for one proceeding, they are most let down when another occurs or when the matter is adjourned.
27. Provincial Criminal Courts have no facilities for children who are witnesses. The delays imposed by lengthy Court dockets add to the anxiety of the child.
28. Crown Attorneys are assigned to sexual abuse cases, like any others, at random. A specialized rape team designated three years ago broke down for lack of adequate staffing.
29. The existing "vertical prosecution" policy for sexual assault cases is only partially implemented.

30. Crown Attorneys vary dramatically in how they prepare the victim for Court. Some see the complainant for the first time in the hour before Court.
31. At present, the prime support for the child comes from the Police Officers with whom she has established an initial rapport. There is a consensus that the role is essential, but that it should be performed by someone other than the Police.
32. Independent counsel for the child are beginning to be used as victim/witness advocates in criminal proceedings. As yet, this role is not clearly defined.
33. Our sample did not indicate to what extent victims are actually required to testify in Court. Usually, the child is the only Crown witness at the preliminary hearing. Full trials in incest cases are rare.
34. In Canada, determining the capacity of the child to testify is the responsibility of the judge. Difficulties arise at present with respect to very young children and mentally-retarded children.
35. Use of anatomically-correct dolls, videotapes, and expert witnesses in the "sexually abused child syndrome" has not yet occurred in Metropolitan Toronto Courts.
36. Defence counsel are skeptical about the use of the criminal justice system for "social service objectives".
37. The threat of forcing the child to testify is used as leverage by both the Crown and defence counsel in plea discussions.
38. There is no consistent policy among Crowns with respect to plea discussions. Some take a plea for common assault in lieu of a charge on a sexual offence; others do not. Some discuss the plea with the Police and the non-offending parent; others do not adhere to this practice.
39. Convictions on one charge or another were secured against 48 of 63 traceable adult defendants in our sample. This represents a conviction rate of 76.1% of those charged. Guilty pleas were entered by 33 defendants (52.3%). There is a tendency to take a plea or secure a conviction on a lesser charge than that originally laid.
40. In only 18 of the successful prosecutions (37.5%) was a jail term imposed. Jail terms ranged from one day to two and a half years.
41. Increasingly, inadequate sentences imposed at trial are being appealed by the Crown. Courts of Appeal are tending to prison terms of three to five years for cases of incest.
42. Canadian criminal law does not permit a sentence, once imposed, to be suspended. Under The Provincial Offences Act, a jail term can be delayed thirty days to allow an offender time to arrange his affairs.
43. A probation order up to three years is a customary part of most dispositions.

44. Probation Officers are generally assigned to their cases at random. As yet, there is only one Probation Officer in one local office who is a specialist in sexual offences.
45. The enforcement of probation orders is problematic. Heavy caseloads make minimal supervision inevitable. Treatment orders are difficult to enforce when judges decline to name a specific program, and when treatment facilities "drop" an unmotivated or resistant client.
46. The Provincial Injuries Compensation Board makes significant awards to some victims of rape and indecent assault. Most victims of sexual abuse, however, do not apply for compensation. The Official Guardian's Office has received relatively few referrals from Children's Aid Societies in Metropolitan Toronto on behalf of abused children.
47. Current legal responses to sexual abuse in Metropolitan Toronto are not adequate. They serve neither the victim nor the community.
48. The child welfare and criminal justice systems operate at present in isolation one from the other. What contact that now exists between them is largely dysfunctional.

SUMMARY OF RECOMMENDATIONS

The purpose of this paper was to provide a base of information which can be used by the Special Committee on Child Abuse and relevant systems to develop and implement a comprehensive approach to child sexual abuse. In doing so, a variety of issues have been identified, most of which can be resolved through co-operative policy and procedural changes. Others will require legislative reform.

The following recommendations are those of the author. They are offered to stimulate discussion and action to address the critical concerns which currently impede an appropriate and sensitive response to children who have been sexually abused. All recommendations have been designed to reinforce the general philosophy and approach of the Special Committee.

The recommendations are contingent upon the active commitment and participation of each relevant system. They assume that the Special Committee will continue to provide the mechanism for discussion, refinement and implementation.

Allocation and Training of Personnel

1. An appropriate number of social workers and counsel from each Children's Aid Society, Officers from each Police Division, and Assistant Crown Attorneys at each Provincial Court should be designated as child sexual abuse specialists.
2. These specialists should be trained together using an integrated, interdisciplinary protocol for processing cases involving sexual abuse of children.
3. The training should also include techniques of interviewing children, the use of anatomically-correct dolls, videotape equipment, innovative forms of corroboration, use of the "sexual abuse indicators" and of expert witnesses in the "sexual abuse syndrome", and appropriate practices in preparing child witnesses. Prevailing myths about the credibility of children and the capacity of young children to testify should be overcome.
4. Provincial Court (Family and Criminal Division) and County Court judges should be educated about the characteristics of the integrated sexual abuse program, trends in the law, and available treatment resources.
5. Training programs should also be initiated for lawyers who provide independent representation for children and for probation and correctional officers.

Identification and Reporting

6. Pending legislative changes, the mandated systems should adopt a common working definition of "sexual abuse". This could be defined as "any sexual intercourse, sexual contact, exhibitionism or sexual exploitation between a child and an adult, including family members and those who are unrelated". The specific acts of sexual abuse could be further defined if necessary.

7. Data collection programs of all relevant systems should be re-designed to provide specific information re sexual abuse and to allow for inter-agency tracking of individual cases.
8. All allegations of child sexual abuse, committed by any person, should be reported to the Children's Aid Societies to ensure that all sexually abused children receive adequate protection and support.
9. Child protection services should also be available on request to adolescents who are 16 and 17 years of age and who have been sexually abused.

Investigation

10. All reports of child sexual abuse should be investigated jointly by the Police and Children's Aid Society, with the Police Officer acting as prime investigator in the initial stages of investigation.
11. Interviews of the victim and non-offending family members should be conducted by the Police, in the presence of a Children's Aid Society worker. Consideration should be given to tape-recording these interviews for future use to avoid unnecessary repetition of the child's story.
12. Victims should be exposed to as few interviews as possible. Initial Police contact with the victim should be minimal. Statements should be taken only by specialized Officers, with a C.A.S. specialist present.
13. Special interview rooms, furnished appropriately for young people, should be designated at each Police Division.
14. After the initial investigation, any protection concerns should be pursued by the Children's Aid Society, while the Police alone interview the suspect.
15. The Children's Aid Society, in collaboration with the Police, should take whatever steps are necessary to remove the offender and maintain the child at home.
16. Police should not terminate an investigation without having interviewed an identified suspect.
17. Medical examination of the child should take place immediately only if there is reason to suspect that forensic evidence might be obtained. When samples are taken, there should be no delay in securing test results. Medical examinations primarily for the purpose of reassuring the child (e.g. fear of pregnancy) should be scheduled at her convenience.
18. The Police should re-evaluate the use of the public mischief caution. As a general principle, it should not be given in the early stages of an investigation.
19. In the event that parents or school authorities will not permit Police to interview the child, the Children's Aid Societies should consider an apprehension.

20. The Police and the Children's Aid Societies should collaborate in deciding how individual cases should be handled. There should be joint consultation and mutual disclosure of information prior to laying criminal charges or initiating a protection application. Thereafter, each should keep the other informed of how the case progresses.

Family Court Proceedings

21. All allegations of child sexual abuse within the family should be brought before Family Court, unless special circumstances exist.
22. Where the offender is outside the family (known to the child or not), consideration should also be given to the desirability of protection services or proceedings to ensure adequate support for the child.
23. Independent counsel for all child victims of sexual abuse should be requested prior to the first Court appearance.
24. Sexual abuse cases should be accorded a priority in Family Court. Under no circumstances should an early resolution of child protection concerns be delayed because of parallel criminal proceedings against the offender.
25. The policy of the Family Court Clinic that no assessment is done until criminal charges are resolved, should be discontinued. Other services should also be encouraged to accept children and their families for treatment as soon as possible following disclosure, regardless of pending legal proceedings.
26. Allegations of sexual abuse in protection proceedings should be explicit and any agreed statement of facts should put all the evidence on the record.
27. Pending legislative changes, judges should be encouraged to give a liberal interpretation to S.30(4) of The Child Welfare Act. Where possible, orders for the removal of the offender from the home and for the provision of treatment to the child and her family should be made as conditions of supervision.
28. Witness rooms should be provided at Family Court for the use of victims/witnesses. Courts with vacant space or planning new facilities should give priority to this need.

Provincial Child Abuse Register

29. The Minister of Community and Social Services should be requested to authorize an immediate review of the policies and operation of the Ontario Child Abuse Register.
30. Existing policies preventing the registration of particular types of abusers (e.g. non-caretakers, juveniles, non-family and abusers of teenagers over 16 years of age) should be discontinued.
31. Expungement hearings for abusers should be discontinued. In the interim, under no circumstances should an expungement hearing occur prior to the conclusion of Family or Criminal Court proceedings.

32. If the Register is to be the central depository of all incidents of sexual abuse, its data base should be re-programmed to provide the information required (e.g. geographic location, disposition).

Prosecution of Offenders

33. Criminal charges should be laid whenever possible against all alleged perpetrators of child sexual abuse. The Police should not initially be deterred by a denial by the accused, a lack of physical or medical evidence, an apparent lack of credibility in the victim, the young age of the victim, the attitude of the family, or the existence of a separation or divorce dispute.
34. The Police should consider a continuum of criminal charges. If a criminal charge is not possible, consideration might be given to charges under S.47 (2) of The Child Welfare Act. This charge might also be used against a passive caretaker who by inaction "permits abuse to occur".
35. In addition to collaboration with Children's Aid Societies, the Police should also consult with the Crown Attorney's office in the decision to charge.
36. The prosecution of all child sexual abuse cases should be handled by specialized Assistant Crown Attorneys at each Provincial Court. To this end, the vertical prosecution policy (each case is handled by the same Crown throughout the process) should be strictly observed.
37. These Crowns should be assigned to all sexual abuse cases before the bail hearing. Alternatively, all Crowns in bail court should request "no contact" conditions of bail that would require the accused to live apart from the victim.
38. "No contact" conditions on the accused should be modified only if C.A.S. supervised access can be arranged.
39. Provincial Courts and County Court should accord a priority to sexual abuse cases against children (e.g. no delay, firm schedules). Sexual abuse cases should be scheduled for specific times in a specific Court as the only case on the docket.
40. Provincial Courts should provide a witness room equipped appropriately for children.
41. All child victims should be prepared to testify by the Crown in advance of the hearing.
42. Crowns should develop a consistent policy in plea discussions about sexual abuse cases
 - a. To avoid a preliminary hearing and the delay of County Court, efforts should be made to obtain a guilty plea at the Provincial Court level.
 - b. On no occasion should a charge on a sexual offence be withdrawn for a plea on common assault.
 - c. Crowns should consult with the Police and the non-offending caretaker or C.A.S. before accepting a plea on a lesser charge.

43. The role of the victim/witness advocate should be explored, to provide continuity of support for the child.
44. In the meantime, the role of independent counsel for the child in criminal proceedings should be clarified, and counsel made available to children who do not already have a lawyer in Family Court.

Sentencing

45. Consideration should be given in sentencing to:
 - a. the seriousness of the effects of sexual abuse on the victim, and
 - b. the desirability of a jail sentence of some duration (preferably under the Temporary Absence Program) combined with long-term probation as the most effective mechanism for rehabilitation of the offender and the family.
46. Probation orders should designate specific treatment programs and extend for the maximum term of three years.
47. The Metropolitan Chairman's Special Committee and the Ministry of the Attorney General should ensure that a liaison is established with Federal and Provincial Corrections Officials, so that day treatment and self-help groups can be integrated into their programs.
48. Specialized Probation Officers to deal with sexual offenders should be designated in each catchment area. To facilitate communications, they should be provided with the initial complaint form for each offender.
49. Treatment facilities and programs which contract to provide therapy for sexual offenders should not "drop" a resistant offender, but should collaborate in the prosecution of those who, by their active or passive conduct, breach the treatment condition of their probation order.
50. A consistent pro-prosecution policy should be adopted re breach of probation by sexual offenders.

Legislative Reform

51. The Metropolitan Chairman's Special Committee should reconstitute and maintain its Legal Advisory Committee with a mandate to review and comment on the following proposals for legislative change.
52. Amendments to The Child Welfare Act of Ontario should be considered to:
 - a. provide a statutory definition of "sexual abuse" as proposed in Recommendation 6. Sexual abuse could be defined as "any sexual intercourse, sexual contact, exhibitionism or sexual exploitation between a child and an adult, including family members and those who are unrelated";

- b. enable abused adolescents of 16 and 17 years of age to qualify for child protection services;
- c. provide that "terms and conditions" of a supervision order in S.30(4) are not restricted to the method of supervision;
- d. empower Family Court judges to order treatment of the child, family and/or the abuser, and to order that the abuser be restrained from residing in the home of the child;
- e. discontinue expungement hearings for abusers; alternatively, provide that no expungement hearing can occur prior to the conclusion of Criminal or Family Court proceedings;
- f. provide that the Police have the power to arrest where there are reasonable and probable grounds to believe that an offence under S.47(2) has occurred.

53. Amendments to the Criminal Code of Canada should be considered to:

- a. create an offence of "sexual abuse" defined as in 52.a. above (i.e. the provisions on sexual exploitation of young persons proposed by Bill C-53 should be defined in terms of "sexual abuse");
- b. expand the definition of incest in S.150 to prohibit "deviate sexual conduct" and to include step-parent and adoptive relationships, guardians with wards and persons in loco parentis with their charges.
- c. amend Bill C-127 to
 - i. permit the admission of out of Court statements (recent complaint evidence) of children who are victims of sexual abuse, incest or sexual assault (S.246.5);
 - ii. reinstate the burden of proof on an accused re defences to the offence of sexual intercourse with a female 14-16 years of age (i.e. reinstate S.139(3)(4)).
- d. repeal S.586 so that corroboration "in a material particular by evidence that implicates the accused" is not required for the unsworn evidence of children.

54. Amendments to the Canada Evidence Act and the Ontario Evidence Act should be considered to provide that:

- a. every child in a sexual abuse, sexual assault or incest case should be considered a competent witness and should be allowed to testify, permitting the trier of fact to determine the weight and credibility of the testimony (S.96,97 and S.125(2)(a) of the proposed Uniform Evidence Act should be amended accordingly);

- b. the spouse of an accused should be a competent and compellable witness against the accused where the offence charged is against a person under the age of sixteen years.
55. Amendments to Ontario legislation (perhaps in The Children's Law Reform Act) should be considered to end the "legal limbo" of teenagers 16 and 17 years of age, and accord them independent legal status.
56. Further legal research should be undertaken to explore Canadian law relevant to:
- a. new techniques of corroboration;
 - b. new techniques for proving competence of children;
 - c. evidentiary theories for admitting the out-of-Court statements of a child;
 - d. the use of anatomically-correct dolls in Court;
 - e. the use of videotape in pre-trial and Court proceedings;
 - f. the use of expert witnesses in the "sexual abuse syndrome" and child development.

APPENDIX C

The Metropolitan Chairman's Special Committee on Child Abuse

Crisis Support Groups for Sexually Abused Children and Their Families

- Proposal:** That initial groups be launched by January 1983 to provide crisis support immediately following disclosure of intra-familial sexual abuse for pre-adolescent and adolescent female children and their mothers.
- Sponsorship:** Co-ordinated through the Metropolitan Chairman's Special Committee on Child Abuse, in co-operation with participating agencies.
- Focus:** Intra-familial sexual abuse, i.e. those situations involving an adult who is known to the child and acting in a care-giver capacity.
- Purpose:**
1. To increase the number of children who can be maintained at home with non-offending family following disclosure of sexual abuse.
 2. To reduce the pressure which causes children to recant their stories.
 3. To supplement and reinforce the ability of mothers (as non-offending care-givers) to support the child victim through the crisis and to recreate a safe, healthy environment for her child(ren).
 4. To reduce the likelihood of re-abuse by heightening awareness and self-esteem.
- Target Population:**
- Those children who can be maintained in their own homes or who, with additional support from their mothers, could be returned.
- Those mothers who, with proper support, can protect their children from further abuse.
- Goals:**
1. To provide immediate support through crisis of disclosure.
 2. To reassure child that she is believed and will be "okay".
 3. To minimize long-term damage by providing a safe place to discharge feelings.
 4. To reduce trauma and isolation through exposure to others in same situation.
 5. To rebuild or reinforce bonds between child and non-offending family members, particularly her mother.
 6. To provide information about sexual abuse and the systems involved.

7. To promote mutual support which can extend beyond group.
8. To assist in assessing future needs of child and other family members.

Group Structure: Groups will meet once a week from 6:30 p.m. to 8:00 p.m.

A neutral setting in a central location will be chosen to facilitate transportation (e.g. Yonge/Eglinton area).

Groups will run in eight-week cycles but members may join at any time.

No fees will be charged.

Staffing: Each group will be run initially by two professionals (with volunteer support). In the future, groups could be staffed by a professional/volunteer team.

Professionals have been recruited from several agencies committed to addressing this problem.

Volunteers, most of whom were sexually abused as children, have completed a seven-month training program.

Accountability will be to the Special Committee through the Coordinator who will ensure that adequate consultation, training and supervision is available.

Contracts will be drawn with participating agencies outlining details regarding commitment (minimum 6 months), accountability, liability and other terms as necessary.

**Group
Descriptions:**

1. Pre-Adolescent Group: for female victims, ages 8 to 12, to a maximum of 12 members. Staffing: Mark Dooner (Earlscourt Child and Family Centre) and Dale Rogers (Central Neighbourhood House).
2. Adolescent Group: for female victims, ages 13 to 16, to a maximum of 15 members. Staffing: Wendy Barrett (Inner City Program, Huntley Youth Services) and Eugenie Shaw (Group and Adolescent Counsellor).
3. Mothers Group: for mothers of children attending groups. Provision will be made for a second group, if necessary. Staffing: Halina Klajner-Diamond (Hospital for Sick Children) and Myrna Levine (Counsellor).

NOTE: Some discretion will be used regarding placement by age to provide for varying levels of maturity and adolescents over 16, when appropriate. Mothers whose children are too young for group may also be considered.

**Referral/
Eligibility:**

Referrals will be centralized through the appropriate Children's Aid Society to the Special Committee.

All families must be known to the child welfare authorities and Police.

All group members should be involved in individual treatment as soon as possible; group focus is primarily crisis support, not treatment.

Court involvement is desirable (at Criminal level if possible, but definitely through Family Court) to ensure follow-through.

Clients must sign contract outlining terms of agreement to participate, including release of appropriate information to the Children's Aid Society.

Confidentiality:

Group leaders will consult with the appropriate Children's Aid Society regarding general progress and issues related to future planning for the child. In general, however, confidentiality will be respected unless:

- there is further abuse or neglect
- there is a new victim
- there is a violation of any Court Order

**Support/
Evaluation:**

Group leaders will participate in a two-day orientation session prior to commencement of groups to review issues related to group techniques, crisis intervention, dynamics of child sexual abuse, relationship with C.A.S. and Police, and general administrative issues.

Group leaders will meet weekly for one hour prior to groups to review progress and receive consultation. Representatives from the Children's Aid Societies and Police Department will also be invited to attend on a permanent basis.

Groups will be assessed at the end of each eight-week cycle, with a major evaluation at the end of six months to be conducted by an outside consultant.

Expenses:

The first six months:

STAFFING: Each participating agency has agreed to secondment of its staff member at no cost; non-affiliated group leaders are donating their time.

TRANSPORTATION AND CHILD CARE: The referring Children's Aid Society will be requested to absorb these costs.

LOCATION: Every attempt will be made to locate a suitable space at no charge.

REFRESHMENTS/MATERIALS: The Special Committee will absorb this cost.

TRAINING/CONSULTATION/EVALUATION: The Special Committee will absorb this cost.

**Future
Objectives:**

These initial groups are not designed to meet all the needs of sexually-abused children. Rather, they represent a modest and manageable beginning of what could become a major supportive resource to victims, their families, and the professional community. If successful, it is hoped that the following objectives could be incorporated into future plans:

1. To identify and train additional group leaders from the social service system.
2. To establish a network of local crisis support groups throughout Metro Toronto.
3. To support the evolution of a strong volunteer base, using graduate members to reach out to new members in crisis, prior to and between group meetings.
4. To establish groups for male child victims.
5. To incorporate siblings into children's groups.
6. To establish groups for intra-familial offenders.
7. To include victims of extra-familial child sexual abuse and their families.

Lorna Grant
Co-ordinator

Draft - August 9, 1982
Revised - September 14, 1982
Final - October 23, 1982

THE METROPOLITAN CHAIRMAN'S SPECIAL COMMITTEE ON CHILD ABUSE

CRISIS SUPPORT GROUPSWorking Committee

Wendy Barrett	Inner City Program Huntley Youth Services
Mark Dooner	Earls court Child & Family Centre
Judith Golden	Family Therapist
Lorna Grant	Special Committee
Halina Klajner-Diamond	Sexual Abuse Program Hospital for Sick Children
Myrna Levine	Group Leader
Virginia O'Brien	Group Leader
Sam Reiss	Jewish Family and Child Service
Dale Rogers	Central Neighbourhood House
Eugenie Shaw	Group Leader
Catherine Stewart	Special Committee
Margaret Smith	Co-ordinator, Adult Education Y.W.C.A.
Heather Sproule	Metro Children's Aid Society

Volunteers

Elinor
Barbara
Lisa
Lis
Janice
June

October 1982.

THE METROPOLITAN CHAIRMAN'S SPECIAL COMMITTEE ON CHILD ABUSE

Preventive Education Project for Children

Background and Rationale

The Metropolitan Chairman's Special Committee on Child Abuse was convened in the fall of 1981 to address issues related to the co-ordination of services for abused children. Sexual abuse of children was identified as the focus of concern and action for an initial two-year period. It was agreed that efforts to address this form of abuse were critically needed, particularly given recent progress in addressing the needs of physically abused children.

Any sexual use of a child by an adult, whether or not it involves specific physical coercion (and most cases do not), is by its very nature abusive. Young children, given their inherent innocence and relative powerlessness, are particularly vulnerable. In fact, most incidents of sexual abuse are perpetrated by an adult known and trusted by the child, usually initiated when the child is between five and nine years of age and continued over a number of years. The longer the period of sexual abuse, the greater the long-term psychological and physical damage.

Statistics as to the prevalence of child sexual abuse vary. However, the most consistent estimate is that one in four girls and one in ten boys will be sexually molested before the age of 18. That means that in an area the size of Metro Toronto, over 3,000 children are likely being sexually abused every year. Yet in 1981 only 75 cases were reported to the Provincial Child Abuse Registry from the Metro area.

Most sexually abused children are too afraid and/or ashamed to tell anyone, fearing retribution by the offender, that they will not be believed, or conversely, that they will be blamed for breaking up the family or putting the offender in jail, etc. Of the estimated ten per cent who do come to the attention of professionals, most are adolescents* and adults, by which time the long-term effects are all too readily apparent. These range from depression and poor self-image to various forms of self-destructive behaviour, including suicide, drug and alcohol addiction, prostitution, self-injury and mutilation. Tragically, without intervention, a considerable number of sexually abused children will grow up to become sexual offenders themselves.

Clearly, the key to breaking this destructive cycle is prevention and early detection through preventive education. It is tremendously important that we reach as many children as possible at an early age. Obviously, the educational system is the logical and most appropriate channel through which to do this.

* The Emergency Services in Vancouver are finding that over 50% of their teenage runaways are victims of intra-familial sexual abuse.

Goals

The goals of the educational program are therefore to:

- . directly aid in the early detection of child sexual abuse
- . decrease the likelihood of victimization by giving children specific information and developing their skills in assertiveness and personal safety
- . further protect children through providing an overview of child sexual abuse to parents, teachers, professionals and the general community
- . co-ordinate this program with all other initiatives being taken at this time in the area of child sexual abuse (including legal, social agency, law enforcement and medical initiatives)

Support for the Project

After the Special Committee identified preventive education as an area of primary concern, and after initial investigation into the feasibility of such a program, the local Boards of Education in Metro were approached for support and participation in the development of the program. Each Director of Education, including the Director of the Separate School Board, has endorsed the concept in principle and has appointed a representative to a Working Committee which will aid in the overall planning and implementation of the project.

We have also received support and approval in principle from the Metropolitan Toronto Children's Aid Society, the Catholic Children's Aid Society, the Police Department, the Etobicoke and North York Interagency Committees on Child Abuse, Thistletown Regional Centre and the Ministry of Education, all of whom have concretely demonstrated their support by appointing an official representative to the Working Committee.

In addition, at a recent working session of the Special Committee, key people in education, social agencies, law enforcement and the legal field, as well as survivors of incest, preventive education was again identified and strongly supported as a major priority in addressing child sexual abuse. Furthermore, groups and individuals (including teachers, professionals, the Ontario Federation of Home and School Associations and the Block Parents Association), from across the Province have expressed support and interest in the proposed program.

Project Development

Prior to seeking support from Metro School Boards, considerable time was spent exploring existing programs in both Canada and the U.S.A. Contact was made with nearly all of the existing preventive education programs. Accordingly, all available written materials including texts, scripts, study cards, in addition to current films, were reviewed and assessed for possible use in our program. Field visits were made directly to San Jose, Seattle, Vancouver, Minneapolis and New York, to view the activities of existing programs. As well, a conference in Washington, D.C. allowed an opportunity to meet directly with representatives from an additional number of preventive education programs.

The conclusion of the Working Committee, however, following completion of this initial research, and consultation with curriculum specialists in the local Boards of Education, was that while there were positive components in all the programs examined, none on their own would adequately serve the diversity of needs in Metropolitan Toronto. As well, there were practical adaptability problems with all the programs explored.

It was therefore decided that the Special Committee should create its own comprehensive educational program, drawing on the better parts of programs elsewhere, but specifically addressing the requirements of a multi-cultural population in Metropolitan Toronto.

Content of the Educational Package

Orientation sessions:

The success of a preventive education program on sexual abuse depends very much on an approach that considers and involves as great a proportion as possible of the community that will be directly or indirectly affected by it, for often when children do come forward to complain of abuse, adults are confused as to how to respond or simply do not believe the child. Therefore, a crucial part of the educational program is orientation sessions for parents, teachers and professionals in the community. These orientation programs will be carried out through the Special Committee by social agency and school personnel knowledgeable in the area of child sexual abuse.

Parent Orientation:

An evening orientation session will be held for all parents prior to entry into each school. Sessions will include:

- an overview of child sexual abuse: myths and definitions;
- how to talk to your child about sexual abuse - i.e. prevention and personal safety;
- what to do in the event your child or your child's friend has been sexually abused;
- reporting procedures;
- discussion of Touch Continuum;
- preview of the theatrical presentation.

As well, a parent handbook will be made available.

Teacher Orientation:

The training for teachers will take place in two three-hour sessions or one full day and will encompass the following:

- an overview of child sexual abuse, including myths, definitions, etc.
- classroom indicators of child sexual abuse
- what to do in the event of disclosure
- interviewing the sexually abused child
- reporting laws and procedures
- preview of dramatic presentation
- training in the use of curriculum materials (described below)

This training material will be developed in consultation with teachers, adult educators, child welfare staff and representatives from the Working Committee.

Professional Orientation:

Local child welfare, Police and medical personnel in each of the pilot school areas will be made aware of the project and the possibility of increased reporting following the presentation. Additional training will be available through the inter-disciplinary training forums being planned by the Special Committee.

Theatrical Presentation:

An experiential theatrical presentation, designed to teach children (Kindergarten to Grade VI) specific personal safety considerations in relation to abusive touch, will comprise the major part of the educational program. Using the concept of a Touch Continuum,* such a presentation will explore the whole range of touch: from touch that is nurturing, delightful or funny, to touch that is confusing, strange or exploitive. The presentation will encourage children to talk about and trust their feelings, and to talk to someone they trust about situations that make them feel uncomfortable. It will include a story line that utilizes songs, music, magic, colour and humour in putting its message across gently and succinctly. It will also allow for audience participation.

The play has been scripted by two local playwrights, Nanci Rosso and Catherine Stewart, in consultation with the Working Committee and other suitable experts. Professional actors, sensitive to the issue of child sexual abuse, as well as particularly skilled in relating to children, will be hired to carry out the pilot.

Theatre, as has been amply demonstrated in programs elsewhere, is a highly effective and non-threatening way of introducing a delicate topic so that adults and children feel freer to discuss it. Because it is vivid, engaging and immediate, theatre has been observed to greatly increase the attention span, retention level, and overall learning capacity of children. As a visual and semi non-verbal medium, it is particularly useful in a project like ours designed for children many of whom by virtue of their age and language backgrounds suffer verbal deficits.

Curriculum Material:

Although the theatre piece will be an important means of introducing concepts and information, follow-up is critical in ensuring children's full integration of this material, particularly since it includes skills development. Such follow-up will not only reinforce the messages in the play, but provide a concrete opportunity for the children to practice what they have learned and explore further how the material relates to them. The curriculum component of the package will be closely linked to the play in terms of its theme, concepts and central character; it will be developed in consultation with curriculum specialists from both the local Boards and the Ministry of Education. In addition, Paul Eide of Psychan (distributors of the Duso kit) has offered free consultation in the development of our material. It will consist of the following:

* This concept was originated by Illusion Theater, Minneapolis, Minnesota, and is being used with permission.

- A. Study Cards, each depicting different situations and providing guidelines for discussion and related activities. The cards will focus on four main areas:

- a) Assertiveness skills.
- b) Personal safety.
- c) Touching.
- d) Community resources.

They will include reference to physical, emotional and sexual abuse, as well as neglect.

- B. Puppets will be used in conjunction with the study cards and will provide an opportunity for children to role-play specific situations, and to practice problem-solving and assertiveness skills.
- C. Posters will emphasize the main themes of the program such as "My body is my own" and "Trust your feelings".
- D. A Music Tape will consist of three original songs from the play: "My body is my own", "Touch", and "It's not my fault".
- E. Curriculum Guide for Teachers will provide instruction in the use of the above materials and specific ideas for role-playing situations, discussions, and related activities. It will include a catalogue of available films that can be used in support of the curriculum material.

The combination of the curriculum material and the theatre presentation is ideal in terms of an optimum learning experience for the children. Another reason for using both in the pilot is that the development of the two components will allow for flexibility if it becomes possible to offer wider distribution of the program throughout the Province. For instance, the theatre component might be too expensive to take to a more remote area of the Province, in which case the curriculum material could be made available, or conversely, in cases where the teacher is not comfortable enough with the subject matter to teach it him or herself, there may be a preference for the theatre piece.

Common Concerns

Some people have concerns about the ramifications of an educational program focussing on sexual abuse. The following are a few of the most common:

Information about sexual abuse will scare children - For years children have been told about dangerous strangers who are going to "get them". This information is frightening because it is vague and inaccurate. However, by balancing information about exploitive touch with information about positive touch, and by providing accurate information, fear is likely to be alleviated. Information about sexual abuse will be presented within the context of a variety of personal safety considerations which children need to know about for their own protection. We as adults would be unwise to deny children this information because of our own fears and discomfort with the topic.

What will be the response of parents? - The experience of other preventive projects has been that parents are overwhelmingly positive. Parents are generally pleased to learn ways to increase their children's awareness about sexual abuse. Moreover, they often express relief in feeling able to open channels of communication with their children, particularly concerning a difficult area.

Parents will be made aware of the program at the earliest opportunity following the selection of the pilot schools. As mentioned above, special orientation sessions will be provided for the parents that will include a preview of the theatrical presentation. In addition, written permission will be obtained from the parents prior to their children's participation in the program.

Going into schools will open a whole "can of worms" and what if we don't have the services to deal with it? - The primary emphasis of an educational program is on prevention. With regard to possible disclosures, it is important to remember that this program is one of several that the Special Committee is undertaking. Other activities include the identification and training of specialists within appropriate systems, developing inter-agency protocol, and improving agency, legal and medical response to this serious issue. In particular, a crisis support system will be in place by the time the education project is initiated. We expect also that the project itself will prove instrumental in providing valuable direction to mandated agencies in planning services and allocating resources.

Organization of the Pilot

The pilot will consist of at least one school from each School Board District to be selected by the respective Boards, to a maximum of ten schools. One week will be spent in each school and will include all orientation programs for parents, teachers and professionals in the community, as well as up to six in-school performances. Each school will also receive back-up and support from the local Children's Aid Society and Police in the event of disclosures of current sexual abuse. There will be continued liaison with the school following the presentation, to aid and support in the use of the follow-up materials and to complete the evaluation (described below).

Evaluation

Evaluation of the project will be an on-going part of the program, included from the beginning and designed and carried out by an outside research team. Several possibilities are at present being explored, in consultation with School Board research personnel.

Utilizing a pretest-posttest design, the evaluation will focus on the overall effectiveness of the project in teaching children and their immediate community about child sexual abuse. It will also assess whether or not the project has contributed to increased reporting and whether the children have in fact assimilated skills and knowledge that will lessen the possibility of their victimization in the future. In addition, the evaluator will establish whether, as a result of the project, children will be more likely to tell someone about a situation with which they are uncomfortable.

It is intended that the schools selected for the pilot will include as broad a population as possible in terms of urban versus suburban, socio-economic status, and cultural background. The project will then be evaluated in relation to its ability to teach a wide range of children: language and concepts will be tested in terms of their communicability and suitability. Further details of the research design will be worked out upon confirmation of funding.

Subsequent to the completion of all evaluation procedures and consequent program revisions, the education package could then be made available to schools throughout Metro and the Province on an on-going and long-term basis.

Beyond the Pilot

The mandate of the Chairman's Special Committee extends to October 1983. However, there is strong indication that those projects initiated and demonstrated to be viable during the two-year period will receive continued support. We are confident that the Preventive Education Project will be continued and that the educational package, following the pilot and revisions arising from the evaluation, will subsequently be made available to schools throughout Metropolitan Toronto on an ongoing basis.

Program Use Throughout Ontario

A major purpose of the pilot will be to ascertain how what has been developed may be packaged for use throughout the Province. We hope to create a package of several components, flexible enough to accommodate the needs and/or preferences of different communities. As has already been indicated, the theatrical piece is intended as a means of introduction, designed to enhance learning and increase earlier detection and prevention of sexual abuse. As stated, the curriculum package will be developed and tested as an educational piece that can, if necessary, stand on its own. The long-term goal is that the curriculum material will be maintained and integrated on a permanent basis.

It is also possible that the theatrical presentation can be refined and retained as an additional component for use in many communities. The following means have been suggested:

- that the play be performed by drama-in-education teachers;
- that a high school troupe be established to carry on the production (as with the troupe currently doing the educational piece on birth control);
- that an established theatre group (such as Theatre Direct - a school touring company) be contracted to do the production on a regular basis as part of its repertoire;
- that a permanent troupe (like Health Spell) be created to tour Toronto and southern Ontario, providing training and consultation to other centres in Ontario which want to undertake a similar project in their region;
- that a videotape of the production be made to enable wider distribution.

It is the purpose of the pilot to establish which of these or other possibilities would be most feasible.

Funding of the Pilot

The Metropolitan Chairman's Special Committee has demonstrated its commitment to preventive education by funding the initial feasibility investigation and the writing/workshop of the script. In addition, the Special Committee will absorb the administrative and training costs of the Project, including office facilities, equipment and supplies, secretarial support, as well as ongoing support and supervision of the Project.

As well, the local School Boards and agencies have contributed a significant amount in kind in appointing staff to the Working Committee, in providing extensive consultation on the content and implementation of the pilot project, in providing physical space (e.g. for meetings and the reading/workshop of the play), and in providing support and releasing staff for orientation sessions. During the pilot phase, negotiations will continue with the Metropolitan School Board regarding cost-sharing of a permanent preventive education program.

Additional monies for the pilot phase have been sought from appropriate agency and government granting bodies.

For further information please contact Catherine Stewart, Project Director, Preventive Education, Telephone 367-8265.

November 1982.

THE METROPOLITAN CHAIRMAN'S SPECIAL COMMITTEE ON CHILD ABUSE

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